# EXHIBIT 28

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## UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA

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CIV. NO. 18-2301 (JRT/KMM)

David W. Lynas, as Trustee for the next-of-kin of James C. Lynas,

Plaintiff,

vs.

Linda S. Stang, et al.,

Defendants.

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VIDEO DEPOSITION TRANSCRIPT OF

JENNIE THOMPSON

May 30, 2019

at

Caribou Coffee, St. Cloud West 4135 West Division Street St. Cloud, MN 56301

Reporter: Jane T. Doby
Registered Merit Reporter
Doby Professional Reporting, Inc.
DobyReporting.com
952.943.1587

	2		4
1	APPEARANCES:	1	EXAMINATION
2	On Behalf of Plaintiff David W. Lynas:	2	BY MS. BENNETT:
3	Robert Bennett, Attorney at Law rbennett@gaskinsbennett.com	3	
4	Kathryn H. Bennett, Attorney at Law kbennett@gaskinsbennett.com	4	Q My name is Kathryn Bennett. And I we just
5	GASKINS, BENNETT & BIRRELL, LLP	5	met, but I represent the plaintiff in this matter.
6	333 South Seventh Street Suite 3000	6	And I'm going to be asking you some questions today.
	Minneapolis, MN 55402	7	Have you ever had your deposition taken
7	On Behalf of the Sherburne County Defendants:	8	before?
8	•	9	A No.
9	Jason M. Hiveley, Attorney at Law jasonh@irc-law.com	1	Q All right. Just a few ground rules to make
10	IVERSON REUVERS CONDON 9321 Ensign Avenue South	10	it go a little smoother for the court reporter.
	Bloomington, MN 55438	12	Let me finish my question before you
11	On Behalf of MEnD Defendants:	13	answer, and I'll try to give you the same courtesy.
12		14	Sound okay?
13	Carolin J. Nearing, Attorney at Law cnearing@larsonking.com	1	A Uh-huh. Yes.
	Larsoň King, Llp	15 16	Q And then also, answer using the English
14	30 East Seventh Street Suite 2800	1	language. Not uh-huhs, uh-uh, or head nods, so that
15 16	St. Paul, MN 55101	17	the court reporter
	Also Present: Jayme Hogan, Envision Video	19	A Okay.
17	NOTE: Pursuant to Minnesota Rule of Civil Procedure	20	Q can take down. All right.
18	30.06, the original transcript will be	20	Where did you go to high school?
19	delivered to Gaskins, Bennett & Birrell, LLP, the noticing party.	1	A Coon Rapids Senior High.
20 21	NOTE: No exhibits were marked for identification.	22	Q And did you graduate from Coon Rapids?
22		23	A Yes.
23 24		24	Q When?
25		25	A 1990.
	3		5
1	PROCEEDINGS	1	Q And where do you currently live?
2	PROCEEDINGS (The video deposition of JENNIE THOMPSON	2	<ul><li>Q And where do you currently live?</li><li>A Zimmerman.</li></ul>
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	6		8
1	Q Do you have any restrictions?	1	Q And where was that?
2	A No.	2	A Five East at Mercy Hospital.
3	Q Have you ever been involved in any	3	Q And how long was that rotation?
4	disciplinary hearings?	4	A I believe it was a semester of school.
5	A No.	5	Q And was that all inpatient care, or can you
6	Q And after obtaining your nursing degree,	6	describe
7	can you walk us through where you've worked since	7	A Yes. It was inpatient care.
8	then?	8	Q And did you have any education or training
9	A The only place that I worked is Sherburne	9	through nursing school in detoxification and
10	County Jail.	10	withdrawal care?
11	Q Did you work as an employee of Sherburne	11	A No.
12	County?	12	Q What about correctional medicine?
13	A Correct.	13	A No.
14	Q And what years was that?	14	Q And during your rotation at Mercy, were you
15	A Until MEnD took over. From 2008 until MEnD	15	doing suicide risk assessments?
16	took over, but I can't remember what year that was.	16	A No.
17	Q And were you absorbed by MEnD and offered	17	Q Did you do mental health assessments?
18	the same position	18	A It was more patient care.
19	A Yes. Yes.	19	Q What do you mean by that?
20	MS. NEARING: Make sure to let her finish	20	A Their mood for the day. If they're going
21	her question.	21	out and being in the community well, they call it
22	THE WITNESS: Oh. Sorry.	22	the community. As far as, like, interacting with
23	BY MS. BENNETT:	23	other individuals, going to therapies.
24	Q And what position were you working in at	24	Q And have you had or obtained any
25	Sherburne County under Sherburne County?	25	certificates?
1 2 3 4 5	<ul> <li>A An RN.</li> <li>Q And then that was the same position that you were hired on by MEnD?</li> <li>A Correct.</li> <li>Q And at some point did you become a</li> </ul>	1 2 3 4 5	A No. Q And you're not a public health nurse. Are you? A I have to take that back. Yes. CCHP. Correctional I can't ever remember the name.
6	supervisor?	6	Correctional Health Care
7	A Yes.	7	Q And
8	Q When was that?	8	A something.
9	A I can't remember the date. I know it was	9	Q Sorry.
10 11	in December.	10	A That's okay.
	Q Do you know what year?	12	Q Was it the advanced CCHP certification or a
12 13	A I think it was December, two years ago.	13	specialty certification?
14	Possibly.	14	A No.
15	Q So 2017?	15	Q Just the regular one?
16	A No. I think it was before that. 2016,	16	A Yep.
, ,,	maybe. Q And that's just your best guess?	17	Q And you're not a public health nurse. Are you?
17		1 11	
17 18		18	ΔNo
17 18 19	A That's my best guess. Yes.	18 19	A No. O And you're not an advanced practice
18	<ul><li>A That's my best guess. Yes.</li><li>Q And throughout your nursing education, can</li></ul>	1	Q And you're not an advanced practice
18 19	A That's my best guess. Yes.  Q And throughout your nursing education, can you describe your experience with mental health?	19	Q And you're not an advanced practice registered nurse?
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18 19 20 21 22	A That's my best guess. Yes. Q And throughout your nursing education, can you describe your experience with mental health? A We see patients and evaluate them using different tools. Q Did you have any rotation in psychiatry or	19 20 21 22	<ul><li>Q And you're not an advanced practice registered nurse?</li><li>A No.</li></ul>
18 19 20 21 22 23	A That's my best guess. Yes. Q And throughout your nursing education, can you describe your experience with mental health? A We see patients and evaluate them using different tools.	19 20 21 22 23	Q And you're not an advanced practice registered nurse?  A No. Q And you're not a qualified mental health professional. Are you?

		1	
	10		12
1	prior to you being hired on in I guess you don't	1	Q And these meetings with staff, are those a
2	know exactly when that happened.	2	regularly scheduled meeting?
3	A No.	3	A No.
4	Not of MEnD. But I worked Dr. Leonard	4	Q So it's not like every Monday morning you
5	started at Sherburne County. And when I started at	5	have a meeting with the staff. Is that
6	Sherburne County he was the doctor there. So I did	6	A No.
7	know Dr. Leonard. But nothing with MEnD.	7	Q Are you still part of the team that
8	Q And did Dr. Leonard leave and then come	8	coordinates the care for the inmates of the
9	back into Sherburne County with his company, MEnD?	9	supervisory nurse?
10	A Correct.	10	A What do you mean, "coordinate care"?
11	Q Did you always see yourself in correctional	11	Q So are you assessing patients still, in
12	medicine? Is that what you wanted to do?	12	your role as a supervisory nurse?
13	A After graduation, I had no idea what I	13	A Yes.
14	wanted to do.	14	Q So you're seeing them and evaluating
15	Q How was it that you ended up at Sherburne	15	inmates?
16 17	County Jail?	16 17	A Yes. Yes.
18	A My sister recommended that I apply to an RN job that was in Washington County, because she	18	Q And then, I take it, you're probably
19	thought I would like it. And I said that was too far	19	talking and collaborating with other MEnD providers, both RNs and medical providers?
20	to drive from Zimmerman.	20	A Correct.
21	And then, like, two weeks later there was	21	Q Are you still with MEnD Correctional Care?
22	an opening at Sherburne. So I applied there, and	22	A Yes.
23	that's where I started working.	23	Q And when MEnD took over the health care at
24	Q And it was a better fit for driving-wise	24	Sherburne County, did everyone get hired on?
25	and all of that for you?	25	A Everyone was offered a position, but not
	,		
	11		13
1	A It was a better fit for driving-wise.	1	all accepted.
2	Yeah.	2	Q And when MEnD took over, who became the
3	Q And what is your current title with MEnD?	3	medical director at Sherburne County Jail?
4	A Supervisory nurse.	4	A The medical director?
5	Q And did you hold that position in November	5	Q Yes.
6	of 2017?	6	A Dr. Leonard.
7	A Possibly. I think it was 2016 when I	7	Q And who was the medical provider in the
8	became the nursing supervisor.	8	jail?
9	Q Is that a full-time, salaried position?	9	A I cannot remember who it was. We've had a
10	A Yes.	10	couple of different ones.
11	Q How many hours do you work per week in that	11	Q Do you recall Crystal Waagmeester?
12	position?	12	A I never worked directly with her.
13 14	A Well, we work 12-hour shifts. So it	13 14	Q Does that mean you may have interacted with
15	varies. Q And you're only at Sherburne County Jail?	15	her, but was it while she was on call?  A On the phone. Yeah. She was never at our
16	A Correct.	16	site as a provider.
17	Q How is the supervisory nurse different than	17	Q And you just don't remember the providers
18	a regular RN, with MEnD?	18	that have worked there?
19	A I am responsible for holding meetings with	19	A We've had a couple. Yeah, I don't.
20	the staff; bringing up new and current issues;	20	Q You don't know who was there in November of
		21	2017, and as you sit here today?
21	guidance, as far as charting.		. , ,
	guidance, as far as charting.  Q And by "new and current issues," what did	22	A I don't who no, I don't.
21	Q And by "new and current issues," what did	22 23	A I don't who no, I don't.  Q Who was the mental health provider in
21 22			
21 22 23	Q And by "new and current issues," what did you mean by that?	23	Q Who was the mental health provider in

	14		16
1	Janell Hussein, I think, was the provider	1	Q Can you describe the suicide prevention
2	at the time. If I'm remembering	2	plan under MEnD?
3	MR. BENNETT: Medical provider?	3	A I'd have to see the I'd have to look
4	THE WITNESS: The medical provider. Yeah.	4	directly at the paperwork.
5	BY MS. BENNETT:	5	Q So as you sit here today, you couldn't walk
6	Q And who was the nursing director?	6	through any of the protocols or anything?
7	A Diana VanDerBeek.	7	A I could, but I don't want to miss a step.
8	Q And how many people are under you as the	8	Q Do you typically refer back to the
9	nursing supervisor?	9	procedures and policies when you're dealing with
10	A Seven RNs, and then health techs.	10	someone with mental illness?
11	Q And they report directly to you?	11	A Occasionally.
12	A The health the nurses do. The health	12	Q What Exhibit 21.
13	techs, they have a lead shift supervisor that they	13	Is that the suicide prevention plan?
14	report to. But they can also report to me.	14	A Uh-huh. Yes.
15	Q And who does the med pass?	15	Q And under that, any risk or any
16	A The health techs. RNs occasionally help.	16	perceived risk is to be treated as a valid threat.
17	Q And was there any anyone from Sherburne	17	Correct?
18	County that provided medical care in November of	18	A Correct.
19	2017, or had that all switched to MEnD?	19	Q And then under the protocol for mental
20	A That had all switched to MEnD.	20	health evaluations. Does each inmate that comes into
21	Q As the nursing supervisor, are you familiar	21	the Sherburne County Jail receive a suicide risk
22	with the MEnD policies?	22	assessment?
23	A Yes.	23	A No.
24	Q Do you receive training on that yearly?	24	Q When are those performed?
25	A I on the policies, specifically?	25	A During the health assessment. Unless we
	15		17
1	15 Q Yeah.	1	
1 2		1 2	believe that it needs to be done sooner. It's kind
	Q Yeah. <b>A No</b> .	l .	believe that it needs to be done sooner. It's kind of a judgment.
2	<ul><li>Q Yeah.</li><li>A No.</li><li>Q What is the yearly training for?</li></ul>	2	believe that it needs to be done sooner. It's kind
2	<ul><li>Q Yeah.</li><li>A No.</li><li>Q What is the yearly training for?</li><li>A There's several different, and I can't I</li></ul>	2 3	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health
2 3 4	<ul> <li>Q Yeah.</li> <li>A No.</li> <li>Q What is the yearly training for?</li> <li>A There's several different, and I can't I would have to see the training packets. I know we</li> </ul>	2 3 4	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No.
2 3 4 5	Q Yeah. A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every	2 3 4 5	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No.  Q Who, which inmates, would receive that?
2 3 4 5 6	Q Yeah.  A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every year that we review and sign off on. But there's no,	2 3 4 5 6	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No.
2 3 4 5 6 7	Q Yeah. A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every	2 3 4 5 6 7	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No.  Q Who, which inmates, would receive that?  A Anyone that's there longer than 14 days.  Q And if they were not there longer than 14
2 3 4 5 6 7 8	Q Yeah.  A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every year that we review and sign off on. But there's no, like, specific training for it.	2 3 4 5 6 7 8	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No.  Q Who, which inmates, would receive that?  A Anyone that's there longer than 14 days.  Q And if they were not there longer than 14 days, but still had a full health assessment, what
2 3 4 5 6 7 8	Q Yeah. A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every year that we review and sign off on. But there's no, like, specific training for it. Q And who leads the training by MEnD? A Todd Anderson.	2 3 4 5 6 7 8	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No.  Q Who, which inmates, would receive that?  A Anyone that's there longer than 14 days.  Q And if they were not there longer than 14 days, but still had a full health assessment, what would that mean to you?
2 3 4 5 6 7 8 9	Q Yeah.  A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every year that we review and sign off on. But there's no, like, specific training for it. Q And who leads the training by MEnD? A Todd Anderson.	2 3 4 5 6 7 8 9	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No.  Q Who, which inmates, would receive that?  A Anyone that's there longer than 14 days.  Q And if they were not there longer than 14 days, but still had a full health assessment, what would that mean to you?
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2 3 4 5 6 7 8 9 10 11	Q Yeah. A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every year that we review and sign off on. But there's no, like, specific training for it. Q And who leads the training by MEnD? A Todd Anderson. Q What's his position?	2 3 4 5 6 7 8 9 10 11	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No. Q Who, which inmates, would receive that? A Anyone that's there longer than 14 days. Q And if they were not there longer than 14 days, but still had a full health assessment, what would that mean to you? A That they have more underlying factors; either medical or mental health issues. Q So a full health assessment may be
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2 3 4 5 6 7 8 9 10 11 12 13 14	Q Yeah. A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every year that we review and sign off on. But there's no, like, specific training for it. Q And who leads the training by MEnD? A Todd Anderson. Q What's his position? A Nursing director for what is that. Training. Training nursing director. Q And he's with MEnD? A Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No. Q Who, which inmates, would receive that? A Anyone that's there longer than 14 days. Q And if they were not there longer than 14 days, but still had a full health assessment, what would that mean to you? A That they have more underlying factors; either medical or mental health issues. Q So a full health assessment may be initiated early if someone is exhibiting anxiety or
2 3 4 5 6 7 8 9 10 11 12 13 14	Q Yeah. A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every year that we review and sign off on. But there's no, like, specific training for it. Q And who leads the training by MEnD? A Todd Anderson. Q What's his position? A Nursing director for what is that. Training. Training nursing director. Q And he's with MEnD? A Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No. Q Who, which inmates, would receive that? A Anyone that's there longer than 14 days. Q And if they were not there longer than 14 days, but still had a full health assessment, what would that mean to you? A That they have more underlying factors; either medical or mental health issues. Q So a full health assessment may be initiated early if someone is exhibiting anxiety or depression?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q Yeah. A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every year that we review and sign off on. But there's no, like, specific training for it. Q And who leads the training by MEnD? A Todd Anderson. Q What's his position? A Nursing director for what is that. Training. Training nursing director. Q And he's with MEnD? A Yes. Q Is the goal under MEnD's policy to provide quality medical care to inmates from the time of their admission to the time of their discharge?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No.  Q Who, which inmates, would receive that?  A Anyone that's there longer than 14 days.  Q And if they were not there longer than 14 days, but still had a full health assessment, what would that mean to you?  A That they have more underlying factors; either medical or mental health issues.  Q So a full health assessment may be initiated early if someone is exhibiting anxiety or depression?  A Correct.  Q What about for chemical withdrawal issues?  A Not necessarily.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q Yeah. A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every year that we review and sign off on. But there's no, like, specific training for it. Q And who leads the training by MEnD? A Todd Anderson. Q What's his position? A Nursing director for what is that. Training. Training nursing director. Q And he's with MEnD? A Yes. Q Is the goal under MEnD's policy to provide quality medical care to inmates from the time of their admission to the time of their discharge? A Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No.  Q Who, which inmates, would receive that?  A Anyone that's there longer than 14 days.  Q And if they were not there longer than 14 days, but still had a full health assessment, what would that mean to you?  A That they have more underlying factors; either medical or mental health issues.  Q So a full health assessment may be initiated early if someone is exhibiting anxiety or depression?  A Correct.  Q What about for chemical withdrawal issues?  A Not necessarily.  Q So more likely, if it's initiated before
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q Yeah. A No. Q What is the yearly training for? A There's several different, and I can't I would have to see the training packets. I know we get a review of the policies and procedures every year that we review and sign off on. But there's no, like, specific training for it. Q And who leads the training by MEnD? A Todd Anderson. Q What's his position? A Nursing director for what is that. Training. Training nursing director. Q And he's with MEnD? A Yes. Q Is the goal under MEnD's policy to provide quality medical care to inmates from the time of their admission to the time of their discharge? A Yes. Q And that would include evaluating inmates	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	believe that it needs to be done sooner. It's kind of a judgment.  Q Does every inmate receive a full health assessment?  A No.  Q Who, which inmates, would receive that?  A Anyone that's there longer than 14 days.  Q And if they were not there longer than 14 days, but still had a full health assessment, what would that mean to you?  A That they have more underlying factors; either medical or mental health issues.  Q So a full health assessment may be initiated early if someone is exhibiting anxiety or depression?  A Correct.  Q What about for chemical withdrawal issues?  A Not necessarily.  Q So more likely, if it's initiated before that 14-day period, it's due to mental health issues.
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	18		20
1	A Congestive heart failure. Yeah. If	1	with substance abuse issues?
2	they're on a lot of meds.	2	A Yes.
3	Q And as a jail nurse with MEnD, you're	3	Q And have you seen patients go through
4	trained how to use the forms, protocols and policies?	4	withdrawal?
5	A Correct.	5	A Yes.
6	Q And are the nurses the people from MEnD who	6	Q Is it a painful thing to go through?
7	are really interacting with the inmates or patients	7	MS. NEARING: Objection. Foundation.
8	on a more frequent basis?	8	A Pain is subjective to every individual.
9	A Yes. We see them and triage them.	9	So
10	Q And would that be more than a medical	10	BY MS. BENNETT:
11	provider?	11	Q Have you witnessed people that you know are
12	MS. NEARING: Objection. Calls for	12	in withdrawal that are in pain?
13	speculation.	13	A Yes.
14	A Yes.	14	Q Have you been taught, through your
15	BY MS. BENNETT:	15	education and training as a nurse, that withdrawal
16	Q And more than the mental health provider?	16	can be a painful thing to go through?
17	A Yes.	17	A Yes.
18 19	Q So you're kind of the boots on the ground	18 19	Q And that's something that needs to be or
20	in the jail for MEnD. Is that fair?	20	can be treated by MEnD staff for the inmates who are
21	A Yes.	21	going through that?  A Yes.
22	Q And do you review information obtained by as a nurse, review information obtained by	22	Q Do you see inmates who come and who have
23	correctional officers?	23	been self-medicating for mental health issues?
24	A Occasionally.	24	A Yes.
25	Q And when would that be done?	25	Q Is that frequently seen in the jail
	2 7 The Wholf Would that be done.		2 13 that hoquething seem in the jun
	19		21
1		1	
1 2	A Depending on the situation.	1 2	setting?
2	<ul><li>A Depending on the situation.</li><li>Q Under what circumstances do you know that</li></ul>	2	setting? A Yes.
	<ul><li>A Depending on the situation.</li><li>Q Under what circumstances do you know that to have been done?</li></ul>		setting?  A Yes.  Q And one portion of an inmate's health that
2 3	<ul> <li>A Depending on the situation.</li> <li>Q Under what circumstances do you know that to have been done?</li> <li>A If a patient's been on a mental health</li> </ul>	2 3	setting?  A Yes.  Q And one portion of an inmate's health that you'd want to pay attention to would be mental health
2 3 4	A Depending on the situation. Q Under what circumstances do you know that to have been done? A If a patient's been on a mental health watch; if they're reporting pain and we put them on	2 3 4	setting?  A Yes.  Q And one portion of an inmate's health that you'd want to pay attention to would be mental health instability and mental illness. Correct?
2 3 4 5	A Depending on the situation. Q Under what circumstances do you know that to have been done? A If a patient's been on a mental health watch; if they're reporting pain and we put them on an activity watch; if they're eating; if they're not	2 3 4 5	setting?  A Yes.  Q And one portion of an inmate's health that you'd want to pay attention to would be mental health instability and mental illness. Correct?  A Right.
2 3 4 5 6	A Depending on the situation. Q Under what circumstances do you know that to have been done? A If a patient's been on a mental health watch; if they're reporting pain and we put them on an activity watch; if they're eating; if they're not eating, a food and liquid watch.	2 3 4 5 6	setting?  A Yes.  Q And one portion of an inmate's health that you'd want to pay attention to would be mental health instability and mental illness. Correct?  A Right.  Q And do you see lot of that in the jail
2 3 4 5 6 7	A Depending on the situation. Q Under what circumstances do you know that to have been done? A If a patient's been on a mental health watch; if they're reporting pain and we put them on an activity watch; if they're eating; if they're not	2 3 4 5 6 7	setting?  A Yes.  Q And one portion of an inmate's health that you'd want to pay attention to would be mental health instability and mental illness. Correct?  A Right.
2 3 4 5 6 7 8	A Depending on the situation.  Q Under what circumstances do you know that to have been done?  A If a patient's been on a mental health watch; if they're reporting pain and we put them on an activity watch; if they're eating; if they're not eating, a food and liquid watch.  Q As nurses, are you constantly monitoring	2 3 4 5 6 7 8	setting?  A Yes.  Q And one portion of an inmate's health that you'd want to pay attention to would be mental health instability and mental illness. Correct?  A Right.  Q And do you see lot of that in the jail setting as well?
2 3 4 5 6 7 8 9	A Depending on the situation.  Q Under what circumstances do you know that to have been done?  A If a patient's been on a mental health watch; if they're reporting pain and we put them on an activity watch; if they're eating; if they're not eating, a food and liquid watch.  Q As nurses, are you constantly monitoring symptoms that have been expressed by inmates, both	2 3 4 5 6 7 8 9 10	setting?  A Yes.  Q And one portion of an inmate's health that you'd want to pay attention to would be mental health instability and mental illness. Correct?  A Right.  Q And do you see lot of that in the jail setting as well?  A Occasionally.  Q And under well, at Sherburne County Jail, does do the MEnD people work with the
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A Depending on the situation. Q Under what circumstances do you know that to have been done? A If a patient's been on a mental health watch; if they're reporting pain and we put them on an activity watch; if they're eating; if they're not eating, a food and liquid watch. Q As nurses, are you constantly monitoring symptoms that have been expressed by inmates, both medically or mental health-wise? A Yes. Q Because those symptoms can change over time. Right? A Correct. Q And in order to provide the quality care that's the goal of MEnD, you need to be monitoring them throughout their stay at the jail. Is that fair? A Yes. Q And would that include substance abuse issues and withdrawal issues? A Correct.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	setting?  A Yes.  Q And one portion of an inmate's health that you'd want to pay attention to would be mental health instability and mental illness. Correct?  A Right.  Q And do you see lot of that in the jail setting as well?  A Occasionally.  Q And under well, at Sherburne County Jail, does do the MEnD people work with the Sherburne County jailers and jail staff in order to observe inmates and do work together?  A Yes.  Q And why is that important?  A The correctional officers are our eyes and ears out in the housing units.  Q And how is it that information is exchanged between MEnD personnel and the county personnel?  A Phone calls, logging in their ProPhoenix and Guardian systems.  Q And what are those?

	22		24
1	Q And then are they do you have their	1	Q It's only if indicated?
2	emails and email addresses too?	2	A Only if indicated, and if they are in the
3	A For the officers?	3	Kevlar gown in booking.
4	Q For county employees.	4	Q And what would indicate that those need to
5	A We have yeah. Yes.	5	be continued? So that if
6	Q So if someone is on a mental health watch,	6	A If they're in a Kevlar gown and they're in
7	would that be something that's conveyed to both MEnD	7	booking, and they're on, like, a 15-minute mental
8	personnel and county personnel?	8	health watch.
9	A If someone is on a mental health watch?	9	Q So if there's an altered mental status,
10	Q Yes.	10	would that be one reason as well?
11	A Yes. Yes.	11	A Possibly.
12	Q And can that be done by email?	12	Q I'll show you Exhibit 20.
13	A We email the sergeants, and then they	13	Those are three suicide risk screening
14	distribute it out. And then we call the housing	14	forms for James Lynas from November of 2017.
15	units and let them know who's on the watch.	15	Do you see that?
16	Q So you get it the county personnel that can	16	A Yes.
17	then disseminate it to those correctional officers	17	Q And at the top of those forms, it looks
18	A Uh-huh.	18	like there's a few indications for screening. Do you
19	Q who would need to know?	19	see those?
20	A Correct.	20	A Yes.
21	Q And with regard to the detoxification	21	Q And some of those include an abnormal
22	protocol with MEnD, it's my understanding, and	22	health assessment screen. Do you see that?
23	correct me if I'm wrong, that first a urine test is	23	A Yes.
24	done?	24	Q And then the BDI score of greater than 40?
25	A Correct.	25	Is that right?
	23		25
1	Q And then a chemical withdrawal	1	A Yes.
2	questionnaire is gone through with the inmate?	2	Q And that the "BDI" means Beck Depression
3	A Uh-huh. Correct.	3	Inventory. Correct?
4	Q And then, if indicated, a chemical	4	A Correct.
5	withdrawal flow sheet will be started. And then	5	Q And why are those used?
6	they'll be checked in on every day until the scores	6	A To screen for their thoughts of suicide.
7	allow nursing staff to stop checking in on them?	7	Q And are they an important indicator to you
8	A Correct.	8	as a nurse of MEnD?
9	Q And then with regard to the suicide	9	A They can be.
10	precaution plan, if a suicide risk assessment is	10	Q And that's one indicator for a suicide risk
11	given, they're not they're not each given one.	11	screening form to be used by MEnD. Correct?
12	Correct? Each inmate does not automatically receive	12	A For what?
13	a suicide risk assessment?	13	Q A BDI score of greater than 40.
14	A They do at their health assessment.	14	A Yes.
15	Q And that's if they're there for longer than	15	Q Is an individual that's experiencing both
16	14 days?	16	painful withdrawal symptoms and mental health issues
17	A Yes.	17	put on both of those protocols? A withdrawal
18	Q Or if otherwise indicated?	18	protocol and a the suicide prevention plan
19	A Yes.	19	protocol?
20	Q And then those risk assessment forms are	20	A Possibly.
21	not automatically continued. Correct?	21	Q Do you know if that was true for James
22	A Risk assessment forms.	22	Lynas?
23	Q The suicide risk assessment forms? They	23	A I do not know.
24	don't just automatically keep happening each day?	24	Q And we're here today because of the suicide
25	A No.	25	of James Lynas that occurred on November 9th, 2017,
23	11 1101		or surries Egride that occurred on Neveriber 7th, 2017,

		T
	26	28
1	at the jail. Do you understand that?	either of those days that you saw James Lynas?
2	A Yes.	<sup>2</sup> A Nope.
3	Q Did you have any interaction with James	3 Q Why not?
4	Lynas prior to November of 2017?	4 A Because the only thing that was evaluated
5	A Prior to November of 2017?	5 that was a his vitals were perfect. He was
6	Q Yes.	6 reporting a little bit of eating disturbance and
7	A Possibly.	7 sleep issues. Other than that, he was stable. And
8	Q As you sit here today, do you recall any of	8 it's not unusual to have these scores.
9	those possible prior interactions?	9 Q And on that same day, November 3rd, did you
10	A Nope. No.	complete the initial health assessment for James
11	Q Showing you Exhibit 25. And that's a	11 Lynas?
12	November 2017 flow sheet for James Lynas. Correct?	12 A I would have to see the form. I believe
13 14	A Correct.	13 <b>so</b> .
15	Q And your writing appears on that form.	14 Yes.
16	Correct? A Correct.	15 (Discussion held off the record.)
17		16 BY MS. BENNETT:
18	Q And can you read through your first note for James Lynas?	Q So Exhibit 19 is the health assessment you
19	A 11/2/17. Reports nausea and diarrhea.	18 completed for James Lynas. Correct?
20	Reports being able to keep eat and keep down	19 A Correct.
21	dinner last night. No no reporting. Only slept	Q And that's his initial health assessment?
22	two hours last night. Will recheck him tomorrow.	21 A Correct.
23	Q And then what score did he receive?	22 Q Why did that occur on November 3rd? 23 A I cannot give you a direct answer on that
24	A A	71 Tournot give you a uncot answer on that.
25	Q From you.	My guess would be because that I was seeing him also for his chem assessment that day
	,	25 for his chem assessment that day.
	27	29
1	A A7.	1 Q Do you know that he arrived at Sherburne
2	Q Is it concerning to you that he reported	2 County on November 1st? 3 A Off the top of my head, no
3 4	only sleeping two hours?  A No.	A on the top of my nead, no.
5	Q Why not?	4 Q Do you know that he was a transfer from 5 Anoka?
6	A That's typical when people first get in	6 A It says on his health assessment form.
7	jail.	7 Q In your writing?
8	Q And do you know what day he had arrived at	8 A Yep.
9	the jail?	9 Q So you knew that at the time?
10	A Right now? No.	10 A Yes.
11	Q And then do you have another note on that	11 Q And, typically, these wouldn't be done
12	same exhibit?	prior to 14 days into the inmate's stay. Right?
13	A Yes.	13 A They can be done at any time between the
14	Q Can you walk us through that?	first and 14th day. We have until day 14 to do them.
15	A Like	15 Q Okay. So any time between day the start
16	Q Can you read through it?	date and day 14 is acceptable to complete the initial
17	A Oh. Okay.	17 health assessment?
18	11/3. Patient reports that he did not	18 A Correct.
19	sleep very well because he had stomach pain. He	19 Q On the second page of Exhibit 19, you note
	reports he has last his last bout of diarrhea was	that he had a mental health diagnosis. Correct?
20		
20 21	last night after dinner. Patient denies any other	A Correct.
20 21 22	symptoms. Follow-up again tomorrow.	22 Q Of depression and anxiety?
20 21 22 23	symptoms. Follow-up again tomorrow.  Q And what score did you give him there?	22 Q Of depression and anxiety? 23 A Correct.
20 21 22 23 24	symptoms. Follow-up again tomorrow.  Q And what score did you give him there?  A A 6.	22 Q Of depression and anxiety? 23 A Correct. 24 Q And also ADD?
20 21 22 23	symptoms. Follow-up again tomorrow.  Q And what score did you give him there?	22 Q Of depression and anxiety? 23 A Correct.

	30		32
1	Q And that he had suicidal ideation?	1	care, you as an RN with MEnD would make sure that
2	A Yes.	2	that occurred. Right?
3	Q And you note, "Yes. Last night when	3	A Correct.
4	stomach hurt"?	4	Q And then it goes on, your note, nursing
5	A Correct.	5	assessment note goes on to say, "Reviewed above with
6	Q And when you checked "yes" for suicidal	6	mental health," and then it continues. Can you read
7	ideation, did you mean that he had that continuing	7	that portion or do you know what it is that you
8	ideation?	8	wrote?
9	A No.	9	A "Reviewed above with mental health. Follow
10	Q How would we know that?	10	up in the clinic as needed."
11	A "Had thoughts of self-harm."	11	Q And then your signature?
12	Because it's in my note at the bottom of	12	A Yes.
13	the page. "Patient denies any thoughts of self-harm	13	Q And who did you review this with from
14	now."	14	mental health?
15	Q So he was just having thoughts of self-harm	15	A Michael Roberts. Robertson.
16	the night before?	16	Q How do you know that you did that with him?
17	A Correct. Because his stomach hurt.	17 18	A He was our only mental health provider at
18 19	Q And that he had you also noted that he	19	the time.
20	had a history of chemical dependency?  A Correct.	20	Q So just by way of him being the only one,
21	Q And heroin use?	21	it had to have been him? Or do you have a  A Correct.
22	A Correct.	22	
23	Q And then in the nursing assessment there's	23	<ul><li>Q specific recollection?</li><li>A I don't have a specific recollection.</li></ul>
24	a handwritten note by you, that you were just	24	Q And there's nothing written down that it
25	referring to, and it explains more about the burning	25	was specifically him. Correct?
	reterring to, and it explains more about the burning		was specifically film. Confect:
	31		33
1	feeling in his stomach, and then that pain from last	1	A Correct.
2	night caused him to have the thoughts of self-harm.	2	Q Do you know if he appears in any of James
3	Right?	3	Lynas' records?
4	A Correct.	4	A No. I do not.
5	Q And then it says, "Patient started on	5	Q And who is the so then, again, you
6	mental health process."	6	signed your nursing assessment. Correct? At the
7	A Correct.	7	narrative portion?
8	Q What does that mean?	8	A Correct.
9	A They it's a two-process thing for mental	9	Q And then you, again, signed for the nurse,
10	health. We give them the Beck Depression Inventory,	10	print and signature, and dated it 11/3/17. Right?
11	and we explain how they are to fill it out. And then	11	A Correct.
12	we are we explain the second step that they will	12	Q And then someone else signed in the medical
13	we are we explain the second step that they will get once they have completed the Beck Depression	13	Q And then someone else signed in the medical provider signature?
13 14	we are we explain the second step that they will get once they have completed the Beck Depression Inventory and have turned it in.	13 14	<ul><li>Q And then someone else signed in the medical provider signature?</li><li>A Correct.</li></ul>
13 14 15	we are we explain the second step that they will get once they have completed the Beck Depression Inventory and have turned it in.  Q And was that your decision, to give him the	13 14 15	Q And then someone else signed in the medical provider signature?  A Correct. Q And that's dated, I believe, 11/6?
13 14 15 16	we are we explain the second step that they will get once they have completed the Beck Depression Inventory and have turned it in.  Q And was that your decision, to give him the Beck Depression Inventory?	13 14 15 16	<ul> <li>Q And then someone else signed in the medical provider signature?</li> <li>A Correct.</li> <li>Q And that's dated, I believe, 11/6?</li> <li>A Correct.</li> </ul>
13 14 15 16 17	we are we explain the second step that they will get once they have completed the Beck Depression Inventory and have turned it in.  Q And was that your decision, to give him the Beck Depression Inventory?  A I asked him if he would want to start the	13 14 15 16 17	<ul> <li>Q And then someone else signed in the medical provider signature?</li> <li>A Correct.</li> <li>Q And that's dated, I believe, 11/6?</li> <li>A Correct.</li> <li>Q Whose signature is that?</li> </ul>
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	34		36
1	the RN's health assessment and sign off on it?	1	James Lynas's suicide risk screening form. And you
2	A She typically reviews and signs off.	2	filled out one for him. Correct?
3	(Sotto voce communication between	3	A Correct.
4	plaintiff's counsel.)	4	Q And what date did that occur on?
5	BY MS. BENNETT:	5	A It appears that it's on the 6th. However,
6	Q Showing you Exhibit 13. And there's a few	6	I don't believe I saw him on the 6th.
7	emails within this. I just have to find	7	Q So why would the date say the 6th if you
8	The email from Michael Robertson, sent on	8	never saw him then?
9	Monday, December 10, 2018, to Diana VanDerBeek. Do	9	A Error.
10	you see that?	10	Q And it looks like it was actually kind of
11	A Yes.	11	drawn over to be turned into the 6th. Do you agree
12	Q And then it the subject is, "Brian Frank	12	with that?
13	called 4:15 wanting to get background on two patients	13	A Correct.
14	today."	14	Q Do you know what day it was originally
15	Did I read that right?	15	written?
16	A Yes.	16	A 11/3.
17	Q And if you flip to the next page. 12101,	17	Q And is that the date you actually saw him?
18	which from other emails in this same exhibit	18	A Yes.
19	MR. BENNETT: No, no. 12 you read it	19 20	Q So why was it changed to be a later day?
20 21	Wrong.	21	A I don't know.
22	BY MS. BENNETT:	22	Q When was that change made?  A I don't know.
23	Q 12010. Sorry.	23	
24	Do you see that?  A Yes.	24	<ul><li>Q Did you make that change?</li><li>A Not that I know of.</li></ul>
25	Q And we've been told that that's James Lynas	25	Q So someone else altered a form that you in
	And we've been told that that's James Lynas		2 30 someone else allered a form that you in
	35		37
1	and his inmate number. And it's do you know that	1	fact had done on November 3rd?
2	to be true?	2	MS. NEARING: Objection. Misstating the
3	A I'd have to see his booking sheet.	3	testimony.
4	Q I think even on your health assessment it's	4	A Possibly.
5	the same number.	5	BY MS. BENNETT:
6	Is that right?	6	Q Well, if it wasn't you and it's changed,
7	A Yes.	7	would that lead you to believe that someone else did
8	Q And it says: Regarding dates of 11/5/17,	8	it?
9	it was not a case I was ever involved in, but relayed	9	A I don't remember changing it.
10	that patient was placed on mental health watch 15	10	Q And you checked that the indication for
11	or MHW15 due to high BDI and risk factors when	11	this screening was "abnormal health assessment
12	nursing met with him about this and consulted with	12	screen," which is what you performed and we just went
	medical provider.	13	through on the on November 3rd. Right?
13			A Correct.
13 14	Do you see that?	14	
13 14 15	Do you see that?  A Yes.	15	Q And you noted that he had no specific time?
13 14 15 16	Do you see that?  A Yes.  Q And that's, again, Michael Robertson, his	15 16	Q And you noted that he had no specific time? Or no time specified. Sorry. Is that correct?
13 14 15 16 17	Do you see that?  A Yes.  Q And that's, again, Michael Robertson, his signature block at the end of this email. Right?	15 16 17	Q And you noted that he had no specific time? Or no time specified. Sorry. Is that correct?  A Correct.
13 14 15 16 17 18	Do you see that?  A Yes.  Q And that's, again, Michael Robertson, his signature block at the end of this email. Right?  A Yes.	15 16 17 18	Q And you noted that he had no specific time? Or no time specified. Sorry. Is that correct?  A Correct. Q Does that mean he had a plan but didn't
13 14 15 16 17 18 19	Do you see that?  A Yes.  Q And that's, again, Michael Robertson, his signature block at the end of this email. Right?  A Yes.  Q So it appears he was never involved with	15 16 17 18 19	Q And you noted that he had no specific time? Or no time specified. Sorry. Is that correct?  A Correct. Q Does that mean he had a plan but didn't have a time?
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	38		40
1	what that meant to him?	1	with.
2	A No, I did not.	2	Q But as you sit here today, you don't have
3	Q Did you do any follow-up questions with	3	any specific recollection of actually doing that?
4	regard to any of the circles on this sheet?	4	A No. It was two years ago.
5	A Just asked him if he wanted to do the	5	Q And, in fact, his email says it didn't
6	mental health process.	6	happen. Right?
7	Q And he apparently said yes? And you did,	7	A Apparently.
8	in fact, started him on that process?	8	Q Did you talk to any correctional officers
9	A Correct.	9	regarding James Lynas after he committed suicide?
10	Q Do you know when he finished the Beck	10	A No.
11	Depression Inventory?	11	Q Did you talk to anyone about him committing
12	A I do not.	12	suicide?
13	Q Did you give James Lynas any medication	13	A No.
14	during his stay at the jail in November of 2017?	14	Q Did you attend a debriefing regarding the
15	A Maalox.	15	suicide?
16	Q And why were why did you give him that?	16	A Yes.
17	A For his stomach.	17	Q Were there two?
18	Q And that was part of his withdrawal	18	A I believe so.
19	symptoms?	19	Q Did you attend both?
20	A Or his upset stomach.	20	A No.
21	Q You just don't know which what the cause	21	Q Which one did you attend?
22	behind his stomach being upset was?	22	A The one that was held on a Sunday. I don't
23	A Correct.	23	know what they called it.
24	Q Do you know if Dr. Leonard ever saw James	24	Q And who led that debriefing?
25	Lynas?	25	A Two outside individuals.
	39		41
. 1		,	
1 2	A I do not know.	1	Q And how was that offered to you or made
	O Did ha a a a aile	2	
	Q Did you have any conversations with	2	available to you?
3	Dr. Leonard regarding James Lynas?	3	available to you?  A Through the jail.
3 4	Dr. Leonard regarding James Lynas?  A Just that I was being sued.	3 4	available to you?  A Through the jail.  Q Who else was present at the debriefing that
3 4 5	Dr. Leonard regarding James Lynas?  A Just that I was being sued.  Q When did you talk to him?	3 4 5	available to you?  A Through the jail.  Q Who else was present at the debriefing that you attended?
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3 4 5 6 7 8 9	Dr. Leonard regarding James Lynas?  A Just that I was being sued.  Q When did you talk to him?  A The day after I got served.  Q So you talked to him about being sued, but not about the inmate who committed suicide at the jail?	3 4 5 6 7 8 9	available to you?  A Through the jail.  Q Who else was present at the debriefing that you attended?  A Alyssa and Linda Stang.  Q Are those the only individuals that you recall being there?  A Those were the only individuals, besides
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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	A Yes. Q And is a score of 43 on the Beck Depression Inventory severe depression? MS. NEARING: Objection. Foundation. A Yes. BY MS. BENNETT: Q Have you scored Beck Depression Inventories during your time with MEnD? A Yes. Q Did you use Beck Depression Inventories as as a Sherburne County A No. Q Is and is the scale for Beck Depression Inventory scoring available to you at the jail? A Say that again. Ask me that again. Q Is the scoring scale for the Beck Depression Inventory A Oh. Q available to you? A Yes. Q So you know the different categories and what the scores mean A Yes. Q through that scale?	deposition. It is 12:14 p.m.  (The video deposition of JENNIE THOMPSON was concluded at 12:14 p.m.)  to concluded at 12:14 p.m.)  deposition. It is 12:14 p.m.  The video deposition of JENNIE THOMPSON was concluded at 12:14 p.m.)
	MS. BENNETT: That's all the questions I  43	45
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	have.  MR. HIVELEY: No questions. MS. NEARING: I have a question. EXAMINATION BY MS. NEARING: Q I want to clarify something. The Exhibit 20, which is the suicide risk screening form and the assessment that you did with the date that is unclear. Can we correlate this to being done on the date that you saw Mr. Lynas on November 3rd?  A Yes. Q And how can we do that? A The score is in the box. Q And what are you are you referring to a A The score in Exhibit 19, right next to the mental health diagnosis, suicide ideation, past suicide, there's a box and the score is 16, which is exactly the same score that he got on the suicide risk form.  MS. NEARING: Okay. Thank you. All right. We'll read and sign. MR. BENNETT: Thanks. VIDEOGRAPHER: This concludes the	1 REPORTER'S CERTIFICATE 3 I, Jane T. Doby, Registered Merit Reporter, a Notary Public in and for the County of Hennepin, 5 State of Minnesota, certify that the foregoing is a true record of the testimony given by JENNIE 6 THOMPSON, who was first duly sworn by me, having been taken on May 30, 2019, at Caribou Coffee, St. Cloud 7 West, 4135 West Division Street, St. Cloud, Minnesota, in my presence and reduced to writing in accordance with my stenographic and computerized notes made at said time and place; 9 1 Further certify that I am not a 10 relative or employee or attorney or counsel of any of the parties or a relative or employee of such attorney or counsel; 11 attorney or counsel; 12 That I am not financially interested in the action and have no contract with the parties, attorneys, or persons with an interest in the action that affects or has a substantial tendency to affect my impartiality. 14 That the cost of the original has been charged to the party who noticed the deposition, and that all parties who ordered copies have been charged at the same rate for such copies; 17 18 That the witness DID request an opportunity to review the transcript.  WITNESS MY HAND AND SEAL this 5th day of June, 2019. 23 Registered Merit Reporter Notary Public Hennepin County, Minnesota

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1	ERRATA SHEET	
2	I, JENNIE THOMPSON, certify that I have read	
3	and examined the typewritten transcript of the	
4	deposition taken of me in the matter of David W. Lynas	S,
5	Trustee for the next-of-kin of James C. Lynas vs. LIND	
6	S. STANG, ET AL., on May 30, 2019, consisting of the	
7	preceding pages, and find the same to be true and	-
8	correct.	
9	(Except as follows):	
10	Reason	
	Page Line Correction for Change	
11	rage Line correction for change	
12		
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23	Dated this day of	
24		
	JENNIE THOMPSON	
25		
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		47
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